



IDAHO DEPARTMENT OF
HEALTH & WELFARE

JAMES E. RISCH – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

September 12, 2006

Larue Gunter, Administrator
Crystal Springs Living Center
8284 S Crystal Springs Rd
Mc Cammon, ID 83250

License #: RC-510

Dear Ms. Gunter:

On August 9, 2006, a survey was conducted at Crystal Springs Living Center. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted plan of correction and evidence of resolution.

Should you have questions, please contact Rae Jean McPhillips, R.N., Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

RAE JEAN MCPHILLIPS, R.N.
Team Leader
Health Facility Surveyor
Residential Community Care Program

RM/slc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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August 23, 2006

FILE COPY

Larue Gunter, Administrator
Crystal Springs Living Center
8284 S Crystal Springs Rd
Mc Cammon, ID 83250

Dear Ms. Gunter:

On August 9, 2006, a State Licensure survey was conducted at Crystal Springs Living Center. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by September 8, 2006.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Care Assisted Living Program

JS/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R510	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/09/2006
NAME OF PROVIDER OR SUPPLIER CRYSTAL SPRINGS LIVING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 8284 S CRYSTAL SPRINGS RD MC CAMMON, ID 83250		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core issue deficiencies were cited during the abbreviated survey conducted on 8/9/06. The surveyors conducting the abbreviated survey were:</p> <p>Rae Jean McPhillips RN, BSN Team Leader Health Facility Surveyor</p> <p>Karen McDannel RN Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

3TPW11

If continuation sheet 1 of 1



BUREAU OF FACILITY STANDARDS
P.O. Box 83720
Boise, ID 83720-0036
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ASSISTED LIVING

Non-Core Issues

Punch List

Facility Name	Physical Address	Phone Number
Crystal Springs	8284 S. Crystal Spr. Rd	
Administrator	City	ZIP Code
La Rue Gunter	McCannan	83250
Survey Team Leader	Survey Type	Survey Date
Rae Jean McPhillips	Abbreviated	8/9/06

NON-CORE ISSUES

[illegible]

Response Required Date

Signature of Facility Representative

~~Kn~~ 9/9/06

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